

# NOTICE OF INTENT (NOI)

FEB 2 5 1998

DESCRIPTION OF

Bureau of Water

### GENERAL PERMIT TO DISCHARGE STORM WATER ASSOCIATED WITH INDUSTRIAL ACTIVITY

(EXCLUDING CONSTRUCTION ACTIVITY)

OWNER/OPERATOR		
NAME: D		OWNER TYPE: (SELECT ONE AND TYPE 'X')
Beelman Ready M	ix	X PRIVATE COUNTY STATE
MAILING P.O. Box 305		CITY SPECIAL DISTRICT
St. Libory	ST: IL ZIP: 622	82 FEDERAL
CONTACT		TELEPHONE AREA CODE NUMBER
PERSON: Shelly Beelma	<u>n</u>	NUMBER: 618-768-4411
FACILITY/SITE INFOR	MATION	
SELECT ONE X EXISTING FACILITY		NGE OF GENERAL NPDES ILL ROOM
FACILITY   Beelman Ready	Mix - Sandoval	OTHER NPDES PERMIT NUMBERS: ! (IF APPLICABLE) N/A
MANIAMS	•	TELEPHONE AREA CODE NUMBER
ADDRESS: 100 Old Cemet	ery Road	NUMBER: 618-247-3866  LATITUDE: DEG. MIN. SEC. LONGITUDE: DEG. MIN. SEC.
cny:   Sandoval	st: IL zip: 62	882   CATITUDE:   DEG. MIN. SEC. LONGITUDE:   DEG. MIN. SEC.
COUNTY:   Marion	SECTION: 17	TOWNSHIP: 2 N RANGE: 1 E
SIC OR PRIMA	AY 2ND	3RD 4TH
DEBIGNATED 32:	73	
RECEIVING WATER IN	IFORMATION	
DOES YOUR STORM WATER DIS	CHARGE DIRECTLY TO: (SELE	
X WATERS OF THE STATE	OR STORM SEWER	OWNER OF STORM SEWER I SYSTEM:
NAME OF CLOSEST RECEIVING WATER Prairie ( (IF KNOWN):		
DOES QUANTITATIVE DATA CUE	RENTLY EXIST WHICH DESCR	IBES THE CONCENTRATION OF POLLUTANTS IN
THE STORM WATER DISCHARG	X YES	NO
with a system designed to assure that of the person or persons who manage submitted is, to the best of my knowle submitting false information, includin including the development and imple compiled with. I also certify that, to the process wastewater, domestic waster APPLICANT SIGNATURE:	i qualified personnel property gause the system, or those persons direct dge and belief, true, accurate, and g the possibility of fine and impriso	prepared under my direction and supervision in accordance rand evaluate the information submitted. Based on my inquiry try responsible for gathering the information, the information complete. I am aware that there are eignificant penalties for mement. In addition, I certify that the provisions of the permit, in Prevention Plan and a Monitoring Program Plan, will be water which is discharged from this facility/site does not contain TITLE:  OWINET  DATE:  DATE:  PERMIT:   LR005671  DATE: 02-25-98

This Agency is authorized to require this information under lillinois Revised Statutes, 1991, Chapter 11.1.72, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

· • • • • • • • • • • • • • • • • • • •	acters/11(c11).		701EG. CIVIL 110. 2000-0474. A	oproval expires 4-30-8
FORM U.	S. ENVIRONMENTAL PROTEC		I, EPA NUMBER	
1 SEPA	GENERAL INFORM			T/A
GENERAL (1	Consolidated Permits Pro Read the "General Instructions" I	ogram hefore storting.)	FILOO	
LABEL ITEMS			GENERAL INST	RUCTIONS
	/////////		If a preprinted label has	been provided to
I. EPA I.D. NUMBER	. / / / / / / /	<i>\ \ \ \ \ \ \ \ \ \ \ \ \ \</i>	I II IN INE OESIONATEO SDACE	Review the int-
	/ / / / / / /		ation carefully: It any of	It is incorrect
III. FACILITY NAME		/ / / / / / /	Infough it and enter the	Correct class in the
11111111111	The standard of the standard o		appropriate fill—in area be the preprinted data is abs	NOW. Also, if any of
, FACILITY ' '	\\RECEI	KEY / / /	left of the label space l	ists the information
V MAILING ADDRESS / PLEA	SE PLACE LABEL IN T	THÌS SPACE 🔪 🔪 🕯	<i>that should appear)</i> , plea.	se provide it in the
	FEB 25		proper fill—in area(s) bel	low If the label to
		1000 / / / / ]	complete and correct, you items I, III, V, and VI	need not complete
	hand with the state of the stat	otion Anency	must be completed regar	lexcept VI-B which
VI FACILITY	Environmental Prote	photographs / /	Items if no label has been	ncovided Refer to
LOCATION	WPG Permit	roa / / / /	the instructions for der	ailed item descrip-
V / / / / / X / / / /		//////////////////////////////////////	tions and for the legal a which this data is collected	uthorizations under
			Which this data is collected.	<u>.                                    </u>
II. POLLUTANT CHARACTERISTICS				
INSTRUCTIONS: Complete A through J to de	termina whother way pond to en	hmit any parmit application	forms to the EOA If you are	
questions, you must submit this form and the sif the supplemental form is attached. If you and is excluded from permit requirements; see Section	upplemental form, listed in the p wer "no" to each question, you	arenthesis following the ques need not submit any of these	tion. Mark "X" in the box in e forms. You may answer "no	the third column o" if your activity
SPECIFIC QUESTIONS	MARK X			MARK 'X'
	YES NO FORM	SPECIFIC QU		YES NO ATTACHE
A, is this facility a publicly owned treatmen	t works	B. Does or will this facility (	nither existing or proposed)	
which results in a discharge to waters of t	he U.S.?		nimal feeding operation or	x
(FORM 2A)		discharge to waters of the (	facility which results in a	<u> </u>
C. Is this a facility which currently results in d	scharges	). Is this a proposed facility		14 20 21
to waters of the U.S. other than those desc			vill result in a discharge to	X
A or B above? (FORM 2C)	22 23 24	waters of the U.S.? (FORM		25 26 27
E. Does or will this facility treat, store, or di	enors of F	. Do you or will you inject	at this facility industrial or	7 1 1
hazardous wastes? (FORM 3)	spose of	municipal effluent below t	the lowermost stratum con-	x
ingent of the control of	_ X		ter mile of the well bore,	^
G. Do you or will you inject at this facility any p	28 29 30 roduced	underground sources of dri		31 32 33
water or other fluids which are brought to the		I. Do you or will you inject t		! [ ]
in connection with conventional oil or natural	gas pro- y		ing of sulfur by the Frasch	[ ] X
duction, inject fluids used for enhanced rec-	Meth Oil		of minerals, in situ combus- very of geothermal energy?	"
oil or natural gas, or inject fluids for storage hydrocarbons? (FORM 4)		(FORM 4)	AND A PROPERTY OF STREET	
I. Is this facility a proposed stationary source	which is 34 35 36	. Is this facility a proposed	stationary source which is	37 38 39
one of the 28 industrial categories listed in	the in-	NOT one of the 28 indus	trial categories listed in the	1
structions and which will potentially emit 1			I potentially emit 250 tons	X
per year of any air pollutant regulated un Clean Air Act and may affect or be locate		per year of any air pollutar	it regulated under the Clean be located in an attainment	
attainment area? (FORM.5)	40 41 42	area? (FORM 5)	be located in an attainment	43 44 45
III. NAME OF FACILITY				47 44
<u> </u>	1. 1 1 m	rigiji, pr <del>estri</del>		
1 SKIP BEELMAN READY	MIX - SAN	DOVAL		
15 16 - 24 36			<del> </del>	
IV. FACILITY CONTACT				
	(last, first, & title)	B. P	HONE (area code & no.)	]
	<del>                                      </del>			1
<u> 2 B.E.E.L.M.A.N. S.H.E.L.L.Y.</u>	- <del> </del>	[6 1 8	111	<u> </u>
V. FACILITY MAILING ADDRESS		45 46 - 4	49 - 91 52 - 55	
	OR P.O. BOX			
3 P O B O X 3 O 5		' ' ' ' '		
3 P U B U X 3 V 5	<del> </del>			
B. CITY OR TOW	v	C.STATE D. ZIP CODE	ך	
<u>c</u>	<del>, , , , , , , , , , , , , , , , , , , </del>		<del>1</del>	
<u>4 S.T. L I B O R Y</u>			2	
(5) 14		46 21 42 17 11	<u> </u>	
VI. FACILITY LOCATION				
A. STREET, ROUTE NO. OR O	THER SPECIFIC IDENTIFIER			
E 100 OLD CEMETED	V P O A D	1 1 1		
5 1 0 0 0 L D C E M E T E R	YROAD			
B. COUNTY NAME	-	45		
B. COUNTY NAME	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>			
1.A.R I O N				
1.7.4.1.4.2.4.1.	1-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			
C. CITY OR TOWN		D. STATE E. ZIP CODE	F. COUNTY CODE	
	<del> </del>		(if known)	
S S A N D O V A L		I L  6 2 8 8 2	(	
31.16		101 41 42 42	4 harringer	

Please print or type in the unshaded areas only

121050 AAG

Approval expires 5-31-92

Form 2F NPDES



United States Environmental Protection Agency Washington, DC 20460

#### Application for Permit to Discharge Storm Water Discharges Associated with Industrial Activity

Paperwork Reduction Act Notice

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., SW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20460. 20503.

I. Outfall Location									
For each outfall, list the la	titude and	longitude o	fits loca	tion to the	nearest 15	seconds	and the name of the receiving water.		
A. Outfall Number				1			D. Receiving W	ater	
(list)		B. Latitude			. Longitud	•	(name)		·
001	38	36	20	89	06	51	Prairie Creek		
								-	
	1	1							
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	<u></u>	<u> </u>		<u> </u>			J		
ii. improvements						anu inna	lementation schedule for the consti	notice upom	dles er
operation of wastewa In this application? To schedule letters, stipu	ter treatments in the include date of the incl	ent equipme es, but is no out orders, s	ent or pro of limited and gran	actices or a 1 to, permit t or loan co	ny other ea t condition nditions.	nvironme s, admin No	ntal programs which may affect the istrative or enforcement orders, enfo	discharges de Prosment com	acribed pliance
		T					4.1	Final	
I. Identification of Condi	ltions.		2. Affects	ed Outfalls			•	Complia	ance Date
Agreements, Etc.		number		rce of discharge			3. Brief Description of Project	a. req.	b. proj.
N/A	-	1							
31773			<del></del>				· · · · · · · · · · · · · · · · · · ·		
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		<del> </del> -					WPC Permit Log in	<del></del>	<del>                                     </del>
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B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outlall(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which receive storm water discharges from the facility.

IV Na	rrative Description of Poli	rant Sources					***
A Fo	or each outfall, provide an estimate outfall, and an estimate of the	ete of the area (in	clude units) of I	Impervious outf <b>ali</b> .	auriaces (including paved	areas and building	roofs) drained to
Outlell Number	Area of Impervious Surface (provide units)	Total Area (provide		Outfall Number	Area of Impervious Surfac		Area Drained ovide units)
001	2.5 AC	5.7 AC			·		
001	2.5 AU	5.7 AC					
						i i	
B. Pr	ovide a narrative description of	ignificant materi	els that are cur	ently or in	the past three years have b	een treated, stored	or disposed in a
en	anner to allow exposure to stor aployed to minimize contact by direquency in which pesticides,	these materials	with storm wat	er runoff: r	natarials loading and accel	s areas; and the	location, manner,
Rock	, sand, and lime sto	rade niles	are locat	ed on-	site. No treatme	nt methods	
	storm water are in p			ca on			
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	e de la companya de				•		
	•	<b>.</b>	<b>-</b>				
	•		-		•		
	·						
sto	reach outfall, provide the locat rm water runoff; and a descripti if treatment measures and the uf	on of the treatme	int the storm w	wiecer rets	es, including the achedule s	measures to red and type of mainte	nance for control
Outfall							List Codes from
Number			Treatmen	t	<del></del>	<del></del>	Table 2F-1
	•						
	N/A					•	
		. <u> </u>			·		
V. Nons	stormwater Discharges					for the assessment	f maintanniumlar
disc	rtify under penalty of law that the charges, and that all nonstorm	veter discharges water discharges	from these ou	ication nav itiali(s) are	e been weter in either an acc	companying Form	2C or Form 2E
800	olication for the outfall. Official Title (type or print)		Signature	<u> </u>		Date Sign	
N/A							
B. Prov	vide a description of the method	used, the date of	any testing, an	nd the onei	e drainage points that were	directly observed	during a test.
				i	•	•	
N/A					•		
		•					
	•						
	ificant Leaks or Spills						
Provide	existing information regarding cluding the approximate date a	the history of signal location of the	gnificant leaks soill or leak, ar	or spills of ad the type	f toxic or hazardous poliute and amount of material rek	ints at the facility based.	in the last three
you e, x.	rong and the observation are a					<del> </del>	
			•				
N/A							
							•
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		•					

EPA ID Number (copy from Item I of Form 1)

121050 AAG Continued from Page 2 VII. Discharge Information A.B.C, & D: See Instructions before proceeding. Complete one set of tables for each outfall, Annotate the outfall number in the space provided. Tables VII-A, VII-B, and VII-C are included on separate sheets numbered VII-1 and VII-2. E: Potential discharges not covered by analysis - is any toxic pollutant listed in table 2F-2, 2F-3 or 2F-4, a substance or a componant of a substance which you currently use or manufacture as an intermediate or final product or byproduct? No (go to Section D) Yes (list all such pollutants below) VIII. Biological Toxicity Testing Data Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years? No (go to Section D) Yes (list all such pollutants below) IX. Contract Analysis Information Were any of the analysis reported in item VII performed by a contract laboratory or consulting firm? y No (go to Section X) Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below) D. Pollutants Analyzed C. Area Code & Phone No. B. Address A. Name X. Certification I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. B. Area Code and Phone No. A. Name & Official Title (type or print) 618-452-8187 Frank "Sam" J. Beelman, III, Owner D. Date Signed C. Signature Brelin III

EPA ID Number (copy from Item I of Form 1) 121050 AAG Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

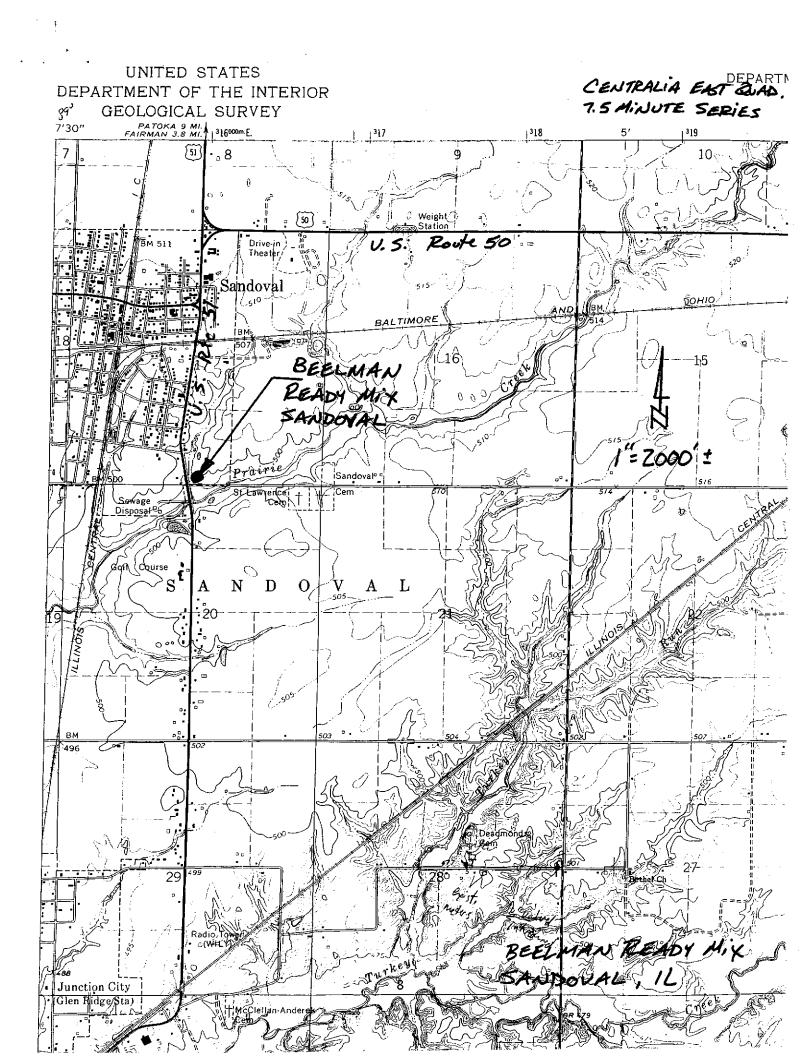
VII. Discharge Information (Continued from page 3 of Form 2F) You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details. Average Values Number Maximum Values αŧ (include units) (Include units) **Pollutant** Grab Sample Taken During Grab Sample Taken During Storm and Flow-weighted **Events** Flow-weighted **CAS Number** First 20 First 20 Sampled Sources of Pollutants Minutes Composite (if available) Minutes Composite N/A Oil and Grease Biological Oxygen Representative samples taken at Dernand (BOD5) Chemical Oxygen Nashville and Mt. Wernon facilities. Dernand (COD) Total Suspended See attached laboratory analysis Solids (TSS) Total results Nitrogen Total Phosphorus Maximum Minimum ρН Minimum Maximum Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements. Average Values Number Maximum Values (include units) of **Pollutant** (include units) Storm Grab Sample Taken During Grab Sample and Taken During Events Flow-weighted Flow-weighted CAS Number First 20 First 20 Sampled Sources of Pollutants Minutes Composite (if available) Composite Minutes N/A RECEIVED FEB 25 1998 Environmental Protection Agency WPC .. Permit Log In

EPA Form 3510-2F (Rev. 1-92)

	- List ea additio	ch pollutant sh nal details and	iown in Tables 25-2, 25 requirements. Complet	e one table for each o	outiall.	# (985C)		hoen	nt. See the instructions for
			dmum Values	Average	e Values		Number		
Polic	lutant	(inclu	nclude units)	(includ	ie units)		of		
CAS N	nd lumber	Grab Sampi Taken Durin First 20	Flow-weighted	Grab Sample Taken During First 20	Flow-weig		Storm Events Sampled		Sources of Pollutants
	ilable)	Minutee	Composite	Minutes	Сотро	4110	Gampied		OCIOS OI POREMIA
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Part D	- Provide	data for the st	torm event(s) which resu		values for the	e flow w	eighted comp	COSITO B	атріе. 6.
1.	2.		3.	4.		• • • • • •	5. 4		o. Total flow from
te of	Durat	1	Total rainfall	Number of hours beginning of store	m meas-		m flow rate du rain event		rain event
orm	of Storm		during storm event	ured and end of p	previous	(ge	ions/minute o specify units	N"	(gailons or specify unit
ent	nim ni)	utes)	(in inches)	measurable rain	1 event				
.1/9	3 60 m	in.   0.	5 inches±	±1.5 month	s ·	unkr	iown	•	unknown
l									
							•		
- 1		1		1					1.

7. Provide a description of the method of flow measurement or estimate.

N/A



## TEKLAB, INC.

**ENVIRONMENTAL TESTING LABORATORY** 

TEL: 618-344-1004 FAX: 618-344-1005

Report #24003-1

Mr. Gary Mueller

**Curry Engineers & Associates** 

P.O. Box 246

243 East Elm

Nashville, IL 62263

Project: Water Quality Testing

Beelman Ready Mix

Sample Received: 02-11-98

Sample ID: Nashville

Sample Date: 02-11-98

Lab ID: 980211-449

Report Date: 02-17-98

#### **ANALYSIS RESULTS**

PARAMETER	RESULT	UNIT	DATE OF ANALYSIS
T. Kjeldahl Nitrogen	0.87	mg/l	02-16 <b>-</b> 98KB
Oil & Grease	2	mg/l	02-13-98JH
BOD ( 5 day)	<5	mg/l	02-11-98SM
COD	<20	mg/l	02-16-98CF
Phosphorus	0.070	mg/l	02-17 <b>-</b> 98RD
	11	mg/l	02-13 <b>-</b> 98RD
рН	9.40	รบั	02-11-98KR
	T. Kjeldahl Nitrogen Oil & Grease BOD ( 5 day) COD Phosphorus T. Suspended Solids	T. Kjeldahl Nitrogen 0.87 Oil & Grease 2 BOD ( 5 day) <5 COD <20 Phosphorus 0.070 T. Suspended Solids 11	T. Kjeldahl Nitrogen 0.87 mg/l Oil & Grease 2 mg/l BOD ( 5 day) <5 mg/l COD <20 mg/l Phosphorus 0.070 mg/l T. Suspended Solids 11 mg/l

These tests were conducted in accordance with "Methods for Chemical Analysis of Water and Wastes", EPA-600/4-79-020 (Revised March 1983).,

TEKLAB, INC.

Michael L. Austin

Director of Operations

**ENVIRONMENTAL TESTING LABORATORY** 

TEL: 618-344-1004 FAX: 618-344-1005

Report #24003-2

Mr. Gary Mueller

Curry Engineers & Associates

P.O. Box 246 243 East Elm

Nashville, IL 62263

Project: Water Quality Testing

Beelman Ready Mix

Sample Received: 02-11-98

Sample ID: Mt. Veron Sample Date: 02-11-98

Lab ID: 980211-450 Report Date: 02-17-98

**ANALYSIS RESULTS** 

PARAMETER	RESULT	UNIT	DATE OF ANALYSIS
T. Kjeldahl Nitrogen Oil & Grease BOD ( 5 day) COD Phosphorus T. Suspended Solids	0.53 1 <5 <20 0.083 28	mg/l mg/l mg/l mg/l mg/l	02-16-98KB 02-13-98JH 02-11-98SM 02-16-98CF 02-17-98RD 02-13-98RD 02-11-98KR
	T. Kjeldahl Nitrogen Oil & Grease BOD ( 5 day) COD Phosphorus	T. Kjeldahl Nitrogen 0.53 Oil & Grease 1 BOD ( 5 day) <5 COD <20 Phosphorus 0.083 T. Suspended Solids 28	T. Kjeldahl Nitrogen 0.53 mg/l Oil & Grease 1 mg/l BOD ( 5 day) <5 mg/l COD <20 mg/l Phosphorus 0.083 mg/l T. Suspended Solids 28 mg/l

These tests were conducted in accordance with "Methods for Chemical Analysis of Water and Wastes", EPA-600/4-79-020 (Revised March 1983).,

TEKLAB, INC.

Michael L. Austin

Director of Operations